

COMMONWEALTH OF MASSACHUSETTS

COMMUTATION PETITION

To His Excellency the Governor:

I, _____,
now confined at _____
having been convicted of the crime of _____
_____ for which I was sentenced
on _____, 19____, in the _____
Court to serve a term of _____, do
hereby petition for a commutation of the sentence imposed for said crime, either absolute
or upon such condition and limitations as may be deemed proper.

(signature of petitioner)

(address)

(date of birth)

I am petitioning for a commutation for the following reasons: (state briefly)

(If more space is needed, please attach additional sheets.)

**RETURN TO EXECUTIVE SECRETARY, ROOM 184, STATE HOUSE,
BOSTON, MA 02133**



The Commonwealth of Massachusetts

William Francis Galvin, Secretary of the Commonwealth
Public Records Division

DATE:

NAME OF PETITIONER: _____
Please type or print

In conformity with the provisions of General Law, Chapter 127, Section 167, I hereby certify that I am acting for the person above named with the written consent of the applicant in connection with a petition for _____
(Insert one of the following: Pardon, Parole, Respite or Commutation of Sentence.)

I further certify that none of the provisions of Section 166 of said Chapter has been violated and that I have not received, nor have I been promised, and I do not expect to receive nor to be promised, any money or other reward for so acting except fees for legal services in the amount of _____ dollars. These services are to be rendered in preparation for hearings and in the conduct of hearings before the Parole Board or other duly constituted tribunals of the Commonwealth.

This statement is made under the penalties of perjury.

Signature

Print or type below

NAME

ADDRESS

Chapter 127: Section 166 Payment or receipt of money for obtaining pardon, parole, commutation of or respite from sentence

Section 166. No person shall, in the attempt to procure, or for the procurement of, any pardon, parole, commutation of or respite from sentence of a prisoner then confined in, or at liberty after having been confined in, any of the penal institutions of this commonwealth, or then under sentence to serve a term of imprisonment in any of said institutions, knowingly pay or offer to pay, or solicit, offer to receive or receive, either by way of gift or of reward or of compensation for services, or otherwise, except for proper legal services, any money or other thing of value, or shall transmit the same from one person to another; nor in such attempt or for such procurement shall any person make, or offer or promise to make, or to procure or induce the making of, any appointment to any position, whether or not in the public service.

Chapter 127: Section 167 Persons representing applicants for pardons, parole or commutation of sentence; statements

Section 167. No person shall represent or purport to represent any prisoner then confined in, or at liberty after having been confined in, any of the penal institutions of this commonwealth or then under sentence to serve a term of imprisonment in any of said institutions, in the attempt to procure or for the procurement of any pardon, parole, commutation of or respite from sentence, unless such person shall first have filed in the office of the state secretary a written statement signed by him and made under the penalties of perjury, stating in substance that none of the provisions of section one hundred and sixty-six has been violated, that such person is acting with the written consent of the prisoner, and that such person has not received or been promised, and does not expect to receive or to be promised, any money or other reward for so acting, except fees or other reward for legal services, the amount of which fees or other reward and a detailed description of which services shall be set forth in such statement. If any person receives any additional fee or other reward for legal services different from that disclosed in the statement referred to in this section, such person shall forthwith file in the same form and manner as the original statement an additional statement setting forth the amount of such additional fees or the exact nature and extent of such reward, with a detailed description of the legal services rendered for such fee or reward. Said statements shall be kept as permanent records in the office of the state secretary and shall be open to public inspection at any reasonable time.

Chapter 127: Section 168 Violation of sections 166 and 167

Section 168. Whoever violates any provision of section one hundred and sixty-six or one hundred and sixty-seven shall be punished by a fine of not more than five thousand dollars or by imprisonment for not more than two years, or both.

Chapter 127: Section 169 Copy of sections 166 to 169; printing on petition for pardon forms

Section 169. A copy of sections one hundred and sixty-six to one hundred and sixty-nine, inclusive, shall be printed on the form of any petition for pardon, parole, commutation of or respite from sentence, but shall not be deemed a part of such petition.



The Commonwealth of Massachusetts
Executive Office of Public Safety
ADVISORY BOARD OF PARDONS

12 Mercer Road
Natick, Massachusetts 01760



Deval L. Patrick
Governor
 Timothy P. Murray
Lieutenant Governor
 Kevin M. Burke
Secretary

Telephone # (508) 650-4500
Facsimile # (508) 650-4599

Maureen E. Walsh
Chairman
 Donald V. Giancioppo
Executive Director

ACKNOWLEDGEMENT RELEASE FORM

I, _____
(Print name of petitioner) (Date of birth) (Social security number)

currently residing at _____
(Complete address of current residence)

acknowledge that the Advisory Board of Pardons will authenticate information, documents, and records provided as part of my petition for executive clemency and during this process. I acknowledge that I may be subject to prosecution for perjury if I knowingly provide false information to the Board with respect to my petition for executive clemency or during any aspect of the this process.

I understand that:

- ◆ I must sign a release of information form provided by the Advisory Board of Pardons for the keeper-of-records for each entity holding the information presented for consideration;
- ◆ A representative of the Advisory Board will contact all character references; and
- ◆ I am responsible for all costs associated with obtaining such authentication.

* * *

I further state that the information contained in my petition for executive clemency and any documents attached are true and accurate.

Signed under the pains and penalties of perjury this _____ day of _____, 2007.

 Signature of Petitioner



Deval L. Patrick
Governor

Timothy P. Murray
Lieutenant Governor

Kevin M. Burke
Secretary

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Executive Office of Public Safety
ADVISORY BOARD OF PARDONS

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Maureen E. Walsh
Chairman

Donald V. Giancioppo
Executive Director

AUTHORIZATION FORM

I, _____, _____, _____
Print name *Date of Birth* *Social Security Number*

Hereby authorize the Commissioner of Probation to open my sealed record for the sole purpose of enabling the Advisory Board of Pardons to process my petition for executive clemency. I understand that my petitions for executive clemency will be a public record for a period of (10) ten years from the date of the original petition filed with the Advisory Board of Pardons.

Signature of Petitioner

Date



RELEASE OF INFORMATION

I, _____, _____, _____
(Print name of petitioner) (Date of birth) (Social security number)

Currently residing at _____
(Complete address of current residence)

Please check all that apply:

- ☐ Hereby authorize the National Personnel Records Center, or any other custodian of my military service record, to release to the Massachusetts Parole Board, acting in its capacity as the Advisory Board of Pardons, a copy of my Form DD214 and any other documents related to my character and discharge from my military service record.
- ☐ Hereby authorize any representative of the Massachusetts Parole Board and Advisory Board of Pardons bearing a copy of this release to obtain any information in your files pertaining to my employment, educational records including, but not limited to academic, achievement, personal history, disciplinary and credit records and I direct you to release copies of such information upon request to the bearer.
- ☐ Hereby authorize physicians, clinics, hospitals and other medical personnel to furnish copies of my medical records or other information concerning my medical history as requested by the Massachusetts Parole Board acting as the Advisory Board of Pardons.

I understand these documents will be sent directly to the Advisory Board of Pardons to be considered with my petition for executive clemency.

Signature of Petitioner

Date